

**TENNESSEE EQUINE IDENTIFICATION PROGRAM  
AUTHORIZATION TO VENDOR  
Tennessee Department of Agriculture**

STATE		VENDOR NAME AND ADDRESS	
Tennessee Department of Agriculture Regulatory Services Division Equine Microchip Program P.O. Box 40627, Melrose Station Nashville, Tennessee 37204			
<b>PROGRAM:</b>	Tennessee Equine Identification Program	<b>FEIN/SSN:</b>	
<b>ALLOTMENT:</b>	325.05	<b>ADDRESS:</b>	
<b>COST CENTER:</b>	R5223		
<b>DPA #</b>	DP-06-02301-00	<b>PHONE:</b>	
		<b>FAX:</b>	
		<b>E-MAIL</b>	

**SERVICE**

ITEMS AUTHORIZED	SERVICE DATE RANGE(S)	NO. IMPLANTS	UNIT COST	AMOUNT AUTHORIZED
Equine Microchip(s)	From:                      To:		\$10.00	

**TERMS OF AUTHORIZATION**

1. The Vendor agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of the authorized service or in the employment practices of the Vendor on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by Federal, Tennessee State constitutional, or statutory law.
2. The Vendor warrants that no amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Vendor in connection with any work contemplated or performed relative to this Authorization.
3. The State may terminate this purchase without cause for any reason, and such termination shall not be deemed a breach of contract by the State.
4. The Vendor agrees to indemnify and hold harmless the State of Tennessee as well as its officers, agents, and employees from and against any and all claims, liabilities, losses, and causes of action which may arise, accrue, or result to any person, firm, corporation, or other entity which may be injured or damaged as a result of acts, omissions, or negligence on the part of the Vendor, its employees, or any person acting for or on its or their behalf relating to this purchase. The Vendor further agrees it shall be liable for the reasonable cost of attorneys for the State in the event such service is necessitated to enforce the terms of this purchase or otherwise enforce the obligations of the Vendor to the State.
5. Activities and records pursuant to this Authorization shall be subject to monitoring and evaluation by the State or duly appointed representatives.
6. The State is not responsible for the payment of services rendered without specific, written authorization.
7. The Vendor will submit an invoice in form and substance acceptable to the State to effect payment.

**This Authorization To Vendor is issued to be effective July 1, 2005 and void after 6/30/2006**

AUTHORIZATION		ACCEPTANCE	
DATE:		DATE:	
X		X	
Print Name & Title		Print Name & Title	